Who Is Supposed to Be Doing What?

THE RECENT NATIONAL FORUM in CALIFORNIA MEDICINE on "Relevance for Today and Tomorrow in Medical Education" exposed the fact that there is no clear consensus as to what a physician will be expected to be doing ten or twenty years hence, and in this issue Rheba de Tornyay, the president-elect of the California Nurses' Association points to the great need for better agreement on what is or should be the role of the nurse. If there is this much uncertainty about what is to be expected of physicians and nurses, the other professions in the health team must surely be in similar or worse plight. It would seem that it is time to get down to who is supposed to be doing what in health care.

The problems and issues turn out to be considerably more complex than might have been expected. It would seem logical to start with a look at responsibility. Even very superficial examination shows this to be spread diffusely through many segments of society. An unsuspecting physician might think that he as a doctor, and a practicing one at that, has the ultimate responsibility for patient care, and for all health care for that matter. But this is not true, not even when a patient is in a hospital. In fact in a hospital the responsibility is so split up among the trustees, the administration, the medical staff, the nursing staff and others, that sometimes one wonders how a patient gets his care at all. If the authority ever was only with the physician, much if not most of it has either been delegated or otherwise lost.

The matter of responsibility becomes very much further complicated when one considers that political consensus now assumes that health care is everyone's right and is to be equally accessible to all, or when one examines the legal and moral responsibilities of those who collect and administer the funds which pay for health care, whether these funds be governmental or non-governmental. And, also, is there not somewhere some kind of personal, individual responsibility for one's own health and health care? This approach turns out to produce more confusion than clarification.

Rheba de Tornyay, in her summary of the recommendations of the National Commission for the Study of Nursing and Nursing Education, addresses herself to some of these problems from another point of view. She comments on the right of every profession to assess its own role and emphasizes that a unilateral decision usually results in no decision. She presents an interesting distinction between "curing" which she suggests is the proper work of the physician and "caring" which should be left to the nurse, and endorses the Commission's idea of a national Joint Practice Commission with state counterpart committees to "be established between medicine and nursing to discuss and make recommendations concerning the congruent roles of the physician and nurse in providing quality health care."

As it stands now, an interesting situation developed. Doctors, in a recent statement of the American Medical Association trustees, have undertaken to say what the role of the nurse should be, and nurses, through the American Nurses' Association's Commission on Nursing Education, have attempted to differentiate the "central focus of the physician's work," and neither has paid much attention to the many other allied health professionals who are getting ready in the wings, soon to be on stage and no doubt an integral part of the act. Misinformation, poor communication and unilateral actions are the order of the day. If there is to be a truly "congruent" approach to who is supposed to be doing what in health care, it is likely that this will require some considerable flexibility, understanding and good judgment on the part of all concerned. If "curing" is meant to apply to episodic, or acute, or crisis health care, and "caring" to distributive, chronic or maintenance health care, the distinction (if not too sharply made) might well be worth a good deal of further study.